



17. SANITARY SEWER OVERFLOW STRUCTURE I.D.:

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18. NUMBER OF OVERFLOWS WITHIN 1000 FT. OF THIS LOCATION IN PAST 12 MONTHS \_\_\_\_

19. DATES OF OVERFLOWS WITHIN 1000 FT OF THIS LOCATION IN PAST 12 MONTHS

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20. OVERFLOW CAUSE --SHORT DESCRIPTION -- CIRCLE ONE

|        |           |               |                      |
|--------|-----------|---------------|----------------------|
| ROOTS  | GREASE    | LINE BREAK    | INFILTRATION         |
| ROCKS  | BLOCKAGE  | POWER FAILURE | PUMP STATION FAILURE |
| DEBRIS | VANDALISM | FLOOD DAMAGE  | MANHOLE FAILURE      |
| OTHER  | UNKNOWN   | CONSTRUCTION  | PRIVATE PROPERTY     |

21. OVERFLOW CAUSE -- DETAILED DESCRIPTION OF CAUSE

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22. SANITARY SEWER OVERFLOW CORRECTION -- DESCRIPTION OF ALL PREVENTATIVE AND CORRECTIVE MEASURES TAKEN OR PLANNED.

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23. WAS THERE MEASURABLE PRECIPITATION DURING 72-HOUR PERIOD PRIOR TO THE OVERFLOW? \_\_ (Y OR N)

**INITIAL AND SECONDARY RECEIVING WATERS:**

24. DID THE SANITARY SEWER OVERFLOW ENTER A STORM DRAIN? \_\_ (Y OR N)
25. DID THE SANITARY SEWER OVERFLOW REACH SURFACE WATERS OTHER THAN A STORM DRAIN? \_\_ (Y OR N)
26. NAME OR DESCRIPTION OF INITIAL RECEIVING WATERS. (IF NONE, TYPE NONE)

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27. NAME OR DESCRIPTION OF SECONDARY RECEIVING WATERS. (IF NONE, TYPE NONE)

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28. IF THE SANITARY SEWER OVERFLOW DID NOT REACH SURFACE WATERS, DESCRIBE THE FINAL DESTINATION OF SEWAGE.

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**NOTIFICATION:**

29. WAS THE LOCAL HEALTH SERVICES AGENCY NOTIFIED? \_\_ (Y OR N)
30. IF THE OVERFLOW WAS OVER 1,000 GALLONS, WAS THE OFFICE OF EMERGENCY SERVICES (OES) NOTIFIED? \_\_ (Y or N) (NOT APPLICABLE, ENTER NA)

**AFFECTED AREA POSTING:**

31. WERE SIGNS POSTED TO WARN OF CONTAMINATION? \_\_ (Y OR N)
32. LOCATION OF POSTING (IF POSTED): \_\_\_\_\_
33. HOW MANY DAYS WERE THE WARNING SIGNS POSTED? \_\_\_\_

34. REMARKS:

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## NOTES:

- 1) FOR DESCRIPTIONS AND CLARIFICATIONS OF ALL ITEMS ON THIS FORM, REFER TO ORDER NO. 96-04 AS AMENDED, INCLUDING THE DOCUMENT ENTITLED, "REQUIRED FIELDS FOR ORDER NO. 96-04 QUARTERLY SUMMARY REPORT."
- 2) IF THE SANITARY SEWER OVERFLOW EVENT RESULTS IN A DISCHARGE OF 1,000 GALLONS OR MORE, OR IN A DISCHARGE TO SURFACE WATERS, THIS FORM MUST BE RECEIVED BY THE REGIONAL BOARD NO LATER THAN FIVE DAYS AFTER THE OVERFLOW START DATE.

The following certification must be completed with the five-day notice:

*I swear under penalty of perjury that the information submitted in this document is true and correct. I certify under penalty of perjury that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

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Signature

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Name

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Title

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Date